

ERIKA DEMERS, M.A.
Licensed Marriage Family Therapist #44463
1433 11th St. Unit F, Arcata CA 95521 (707) 496-4629

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing this form, you acknowledge receipt of the *Notice of Privacy Practices* that I have given to you. My *Notice of Privacy Practices* provides information about how I may use and disclose your protected health information. I encourage you to read it in full.

My *Notice of Privacy Practices* is subject to change. If I change my notice, you may obtain a copy of the revised notice from me by contacting me at (707) 496-4629.

If you have any questions about my *Notice of Privacy Practices*, please contact me at: 1433 11th St. Unit F, Arcata, CA. 95521

I acknowledge receipt of the *Notice of Privacy Practices* of Erika Demers.

Signature: _____ Date: _____

INABILITY TO OBTAIN ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I made good faith attempts to obtain my clients acknowledgement of his or her receipt of my Notice of Privacy Practices.

I was unable to obtain my patient's acknowledgement because:

____ Client refused to sign

____ Communication barriers prohibited obtaining the acknowledgement

____ Other _____

Signature of Provider: _____ Date: _____